

## Request for Elder Abuse Restraining Order

### Information about You:

Full Name (First, Middle, and Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Area Code: \_\_\_\_ Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

### Information about the Restrained Person:

Name: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_

Weight: (in pounds) \_\_\_\_\_

Height: Feet: \_\_\_\_ Inch: \_\_\_\_\_

Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **AND/OR**

**APPROXIMATE AGE:** \_\_\_\_\_

Home Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Work Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

### When did the Abuse Occur?

Date of Most Recent Abuse: \_\_\_\_\_

Date of 2nd Most Recent Abuse: \_\_\_\_\_

Date of Other Recent Abuse: \_\_\_\_\_

Why Are You Filing in Sacramento County? (Check all that apply)

☐ The abuse occurred in Sacramento County.

☐ The abuser lives in Sacramento County.

☐ Another Reason.

What Law Enforcement Agencies do you want to notify about your restraining Order?

☐ Sacramento County Sheriff's Office, 711 G St., Sacramento, CA 95814

☐ Solano County Sheriff's Office, 530 Union Ave., Ste. 100, Fairfield, CA 94533

☐ Yolo County Sheriff's Office, 41793 Gibson Road, Woodland, CA 95776

☐ Placer County Sheriff's Office, 11500 A Ave., Auburn, CA 95603

Law Enforcement Agencies:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i>	<i>For Court Use Only</i>
TELEPHONE NO; ATTORNEY FOR <i>(Name)</i> :	
<b>SUPERIOR COURT OF CALIFORNIA , COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
<b>REQUEST AND ORDER FOR FREE SERVICE OF RESTRAINING ORDER</b>	Case Number:

1. Your name (person asking for protection): \_\_\_\_\_  
 Your address *(skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone *(optional)*: \_\_\_\_\_

Your lawyer *(if you have one): (Name, address, telephone number, and State Bar number):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name of person you want protection from:

\_\_\_\_\_

3. I am entitled to free service of the restraining orders by the sheriff or marshal because (check either item a or b):

a. ☐ I asked for Domestic Violence or Elder & Dependent Adult Abuse prevention restraining orders.

b. ☐ I asked for Civil Harassment or Workplace Violence restraining orders and my request was based on my fear of  
*(check at least one box, if applicable):*

(1) ☐ credible threat of violence.

(2) ☐ stalking.

*(If you are not entitled to free service under a or b, you may be eligible under a fee waiver or may pay the sheriff or marshal to serve the restraining orders.)*

I declare under penalty of perjury, under the laws of the State of California, that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*

4. The sheriff or marshal shall serve the restraining order:

☐ Without Cost

☐ With Cost to the person in item #1

☐ Domestic Violence

☐ Elder/Dependent Adult Abuse

☐ Workplace Violence (based on credible threat of violence or stalking)

☐ Civil Harassment (based on credible threat of violence or stalking)

Date: \_\_\_\_\_

☐ Clerk , by \_\_\_\_\_, Deputy

☐ \_\_\_\_\_

Judge of the Superior Court

**PLEASE NOTE:**

To get the results of your temporary restraining order today, forms must be completed and **filed/endorsed** by 2:00 p.m. The results will be given at 4 p.m., Room 102, Window 3.

SPACE RESERVED FOR  
FILED/ENDORSED STAMP

**APPLICATION FOR ELDER ABUSE RESTRAINING ORDER**

CASE NUMBER: \_\_\_\_\_

PLAINTIFF'S NAME: \_\_\_\_\_

PLAINTIFF'S DATE OF BIRTH: \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_

DEFENDANT'S DATE OF BIRTH  
OR APPROXIMATE AGE : \_\_\_\_\_

**Notice of Hearing and  
Temporary Restraining Order**

Clerk stamps date here when form is filed.

**1** Name of person to be protected:

Address (Skip this if you have a lawyer. If you want your address to be private, give a mailing address instead):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone number (optional): \_\_\_\_\_

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of****2** Name of person to be restrained:

Description of that person:

Court fills in case number when form is filed.

**Case Number:**Sex: ☐ M ☐ F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To the person in ②:****3 Notice of Hearing****A court hearing is scheduled on the request for orders against you to stop abuse:**

Name and address of court if different from above:

**Hearing  
Date** →

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

If you do not want the court to make orders against you, file Form EA-110. Then go to the hearing and tell the court why you disagree. You may bring witnesses and other evidence. If you do not go to this hearing, the court may make restraining orders against you that could last up to 3 years.

**4 Court Orders**

The court (check a or b):

a ☐ Has scheduled the hearing stated in ③. No orders are issued against you at this time.b ☐ Has scheduled the hearing stated in ③ **and** has issued the temporary orders against you specified on pages 2, 3, and 4. If you do not obey these orders, you can be arrested and charged with a crime. You may have to go to jail, pay a fine of up to \$1,000, or both.**This is a Court Order.**

Your name: \_\_\_\_\_

**5** ☐ **Additional Protected Persons**

In addition to the person named in ①, the following family or household members or conservator of the elder or dependent adult named in ① are protected by the orders indicated below:

<u>Name</u>	<u>Sex</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Additional protected persons are listed at the end of this Order as EA-120 Attachment 5.

**Temporary Orders Against the Restrained Person**

(Write the name of the person in ②): \_\_\_\_\_

**The court has made the temporary orders indicated below against you. You must obey all these orders. These orders will expire on the date of the hearing listed in ③ unless they are extended by the court.**

**6** ☐ **Personal Conduct Orders**

You must **not** do the following things to the person listed in ① and each person listed in ⑤:

- ☐ a. Physically abuse, financially abuse, intimidate, molest, attack, assault (sexually or otherwise), hit, follow, stalk, threaten, harass, destroy personal property, keep under surveillance, or block movements.
- ☐ b. Contact (directly or indirectly), telephone, send messages, mail, or e-mail.
- ☐ c. Take any action, directly or through others, to obtain the addresses or locations of the person in ① or of that person's family or caretakers. (If item c. is not checked, the court has found good cause not to make this order.)

Peaceful written contact through a lawyer or a process server or any other person for service of legal papers related to a court case is allowed and does not violate this order.

**7** ☐ **Stay-Away Orders**

You **must** stay at least (specify): \_\_\_\_\_ yards away from:

- a. ☐ The person listed in ①
- b. ☐ The home of the person in ①
- c. ☐ The job or workplace of the person in ①
- d. ☐ The vehicle of person in ①
- e. ☐ The persons listed in ⑤
- f. ☐ Other (specify): \_\_\_\_\_

**8** ☐ **Move-Out Order**

You must immediately move out from and not return to (address): \_\_\_\_\_

and must take only the personal clothing and belongings you need until the hearing.

**9** ☐ **No Guns or Other Firearms**

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

**This is a Court Order.**

Your name: \_\_\_\_\_

**10 ☐ Turn In or Sell Guns or Firearms**

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control. This must be done within 24 hours of being served with this order.
- File a receipt with the court within 48 hours of receiving this order that proves guns have been turned in or sold. (*You may use Form EA-145, Proof of Firearms Turned In or Sold, for this.*)

**11 Financial Abuse**

This case ☐ does **not** ☐ does involve **solely financial abuse** unaccompanied by force, threat, harassment, intimidation or any other form of abuse.

**12 ☐ Other Orders** (*specify*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ *Additional orders are attached at the end of this Order as EA-120 Attachment 12.*

**Instructions for the Protected Person**

**To the person in ①:** (*Write the name of the person in ①*): \_\_\_\_\_

**13 Service of Order on Law Enforcement**

If the court issues temporary restraining orders, by the close of business on the date the orders are made,

☐ you ☐ your lawyer ☐ the court clerk

should deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below.

Name of Law Enforcement Agency

Address (City, State, Zip)

_____	_____
_____	_____
_____	_____
_____	_____

**14 Service of Documents**

You must have someone personally deliver to the person in ② a copy of all the documents below:

- Form EA-120, *Notice of Hearing and Temporary Restraining Order* (completed and filed-stamped)
- Form EA-100, *Request for Orders to Stop Elder or Dependent Adult Abuse* (completed and filed-stamped)
- Form EA-110, *Response to Request for Orders to Stop Elder or Dependent Adult Abuse* (blank form)
- Form EA-151-INFO, *How Can I Respond to a Request for Orders to Stop Elder or Dependent Adult Abuse?*

If the boxes below are checked, you must also have someone personally deliver to the person in ② a copy of all the documents checked below:

e. ☐ Form EA-145, *Proof of Firearms Turned In or Sold* (blank form)

f. ☐ Other (*specify*): \_\_\_\_\_

You must file with the court before the hearing a proof of service of these documents on the person in ②.

(*For help with service, read Forms EA-142-INFO and EA-150-INFO.*)

**This is a Court Order.**

Your name: \_\_\_\_\_

**Order to Both Parties on Service****15 ☐ Time for Service****A To: Person Asking for Order**

Someone 18 or over—**not you or anyone protected by this order**—must personally “serve” a copy of this order on the person in ② at least \_\_\_\_\_ days before the hearing.

(For help with service or responding, read Forms EA-142-INFO and EA-151-INFO.)

**B To: Person Served With Order**

If you want to respond in writing, someone 18 or over—**not you**—must “serve” Form EA-110 on the person in ①, then file it with the court at least \_\_\_\_\_ days before the hearing.

**16 No Fee to Notify (Serve) Restrained Person**

If the sheriff or marshal serves this Order, he or she will do it for free.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judicial Officer***Warnings and Notices to the Restrained Person in ②****You Cannot Have Guns or Firearms**

- 17** If the court orders, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item ⑩ above. The court will require proof that you did so. If you do not obey this order, you can be charged with a crime.

**18 After You Have Been Served With a Restraining Order**

- Obey all the orders.
- If you want to respond, fill out Form EA-110 and file it with the court clerk. You do not have to pay any fee to file your response.
- Serve Form EA-110 on the person in ① or that person’s attorney by the date listed in ⑮ of this form. You cannot serve the person in ①. The person who serves the person in ① should complete and sign a *Proof of Service*. Form EA-141 may be used for this purpose. You should take the completed form back to the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and serve declarations signed by you and other persons who have personal knowledge of the facts. Form MC-030, *Declaration*, is available from the clerk’s office at the court shown on page 1 of this form. If you do not know how to prepare a declaration, you should see a lawyer. After you have filed the response with the clerk of the court, a copy must be delivered personally or by mail to the person in ② or to his or her lawyer.
- If you wish to oppose the request for orders, in addition to filing a response, you should be present at the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, tell the judge if you agree or disagree with the orders requested.
- Even if you do not go to the hearing, the judge can make the restraining orders last for 3 years.

**This is a Court Order.**

Your name: \_\_\_\_\_

**19 Notice Regarding Nonappearance at Hearing and Service of Order**

If you have been personally served with a temporary restraining order and notice of hearing, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that does not differ from the previous or temporary restraining order is issued at the hearing, a copy of the order will be served on you by mail at the following address (*insert the address of the person in ②*):

If that address is not correct or you wish to verify that the temporary order was made permanent without substantive change, contact the clerk of the court.

If both you and the person in ① are personally present at the hearing where the order is issued, no additional proof of service will be required.

**Instructions for Law Enforcement Agencies**

- 20** This order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an order of that jurisdiction by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the order and then shall enforce it. Violations of this order are subject to criminal penalties.

**Information for All Parties****Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office or go to [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civil Code, § 54.8)

(Clerk will fill out this part.)

**—Clerk's Certificate—**

Clerk's Certificate  
[seal]

I certify that this *Notice of Hearing and Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

Clerk stamps date here when form is filed.

- 1 Name of the person to be protected:

Address of the person (*Skip this if you have a lawyer. If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person's telephone number (*optional*): (\_\_\_\_) \_\_\_\_\_

Person's lawyer (*if you have one*): (Name, address, telephone number, and State Bar number): \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

- 2 Name of the person you want protection from:

Describe the person: Sex: ☐ M ☐ F Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color: \_\_\_\_\_

Eye color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address (*if you know*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work address (*if you know*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- 3 Are you asking for protection for any other family or household members or the conservator of the person in 1? If "yes," list those persons:

Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if there are more persons. Attach a sheet of paper and write "EA-100, item 3—Additional Protected Persons" for a title.

- 4 If you are asking for protection for any other family or household members or the conservator, why do they need protection?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Check here if you need more space for your answer. Attach a sheet of paper and write "EA-100, item 4—Why Others Need Protection" for a title.

**This is not a Court Order.**



Your name: \_\_\_\_\_

**5** Who is asking the court for protection?☐ You, to protect yourself.☐ A person acting on your behalf: Name: \_\_\_\_\_☐ A conservator ☐ Another person with legal authority to represent you.

*If you are requesting protection for yourself, indicate that and go on to ⑥. If someone else is making this request, that person must attach a statement of who he or she is, his or her legal authority to make this request, and information about this representation, including any court appointments, the case numbers, and other relevant matters. Attach a sheet of paper and write "EA-100, item 5—Information About Person Requesting Orders" for a title.*

**6** Describe the person to be protected:

a. Age: \_\_\_\_\_

b. If you are under age 65, do you have any physical or mental limitations that prevent you from carrying out normal activities or protecting your rights? ☐ Yes ☐ No (If yes, describe): \_\_\_\_\_

☐ Check here if you need more space. Attach a sheet of paper and write "EA-100, item 6—Describe Protected Person" for a title.

**7** How do you know the person in ②? (Describe):

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**8** Why are you filing in this court? (Check all that apply):☐ I was abused physically or emotionally in this county by the person in ②.☐ The person in ② lives in this county.☐ Other (explain): \_\_\_\_\_**9** a. Have you or any of the persons named in ③ and the person in ② been involved in another court case?☐ Yes ☐ No

If yes, where? County: \_\_\_\_\_ State: \_\_\_\_\_

What is the case number? (If you know): \_\_\_\_\_

What kind of case? (Check all that apply):

☐ Elder abuse☐ Dependent adult abuse☐ Civil harassment☐ Domestic violence☐ Criminal☐ Other (specify): \_\_\_\_\_

b. Are there now any protective or restraining orders relating to you or any of the persons in ③ and the person in ②?

☐ Yes ☐ No If yes, attach a copy if you have one.

☐ Check here if you need more space. Attach a sheet of paper and write "EA-100, item 9—Describe Other Cases" for a title.

**This is not a Court Order.**

Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**10** Is this your first request for a protective order against the person in **2**? ☐ Yes ☐ No

If no, are you asking for the renewal of an earlier protective order? ☐ Yes ☐ No

If you are asking for the renewal of an earlier order, provide the following information:

a. What was the case number of the earlier order? \_\_\_\_\_

b. How long do you want the renewed order to last? ☐ \_\_\_\_\_ years ☐ permanently

**11** Describe in a. through i. how the person in **2** has abused you.

a. When was the most recent abuse (*provide date or estimated date*): \_\_\_\_\_

b. Who was there? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. In the most recent abuse, did the person in **2** do any of the following to you: physically abuse, financially abuse, intimidate, molest, attack, assault (sexually or otherwise), hit, follow, stalk, threaten, harass, destroy personal property, keep under surveillance, block movements, or contact you (directly or indirectly) by telephone, mail, e-mail, messenger, or by any other means?

☐ Yes ☐ No

*If yes, describe:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Has the person in **2** previously abused you? ☐ Yes ☐ No

*If yes, describe:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Describe any use or threatened use of guns or other weapons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Did the police come? ☐ Yes ☐ No

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy, if you have one.*

**This is not a Court Order.**

Your name: \_\_\_\_\_

- 11 g. Is the person in ② a caregiver who didn't allow you to have goods or services you needed to avoid physical harm or mental suffering? ☐ Yes ☐ No  
If yes, describe how that affected you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- h. Did the case involve **solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse?  
☐ Yes, only financial abuse.  
☐ No, it included other abuse described above.
- i. Describe any injuries or harm you suffered as a result of the actions or deprivation described above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Check here if you need more space to explain any of the subparts in item 11. Attach a sheet of paper and write "EA-100, item 11, subpart \_\_\_\_—Describe Abuse" for a title.

**Check the orders you want ☒**12 ☐ **Personal Conduct Orders**I ask the court to order the person in ② to **not** do the following things to me:

- a. ☐ Physically abuse, financially abuse, intimidate, molest, attack, assault (sexually or otherwise), hit, follow, stalk, threaten, harass, destroy my personal property, keep me under surveillance, or block my movements.
- b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail.

The person in ② will be ordered not to take any action to get the addresses or locations of any protected person, or of that person's family members or caretakers, unless the court finds good cause not to make the order.

13 ☐ **Stay-Away Orders**

I ask the court to order the person in ② to stay at least (*specify*): \_\_\_\_\_ yards away from me and the places listed below (*check all that apply*):

- a. ☐ My home                      d. ☐ Each person listed in ③
- b. ☐ My job or workplace        e. ☐ Other (*specify*): \_\_\_\_\_
- c. ☐ My vehicle                      \_\_\_\_\_

If the court orders the person in ② to stay away from all the places checked above, will that person be able to get to his or her home or job? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is not a Court Order.**

Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Check the orders you want ☒ (continued)**

**14 ☐ Move-Out Order**

I ask the court to order the person in (2) to move out from and not return to my residence at (address): \_\_\_\_\_

I will suffer physical or emotional harm if the person in (2) does not leave the residence. \_\_\_\_\_

The title or lease to the residence is not in the sole name of the person in (2) or the name of the person in (2) and another person.

☐ I ask for this move-out order right away to last until the hearing, because:

a. I have the right to live at the above residence (explain): \_\_\_\_\_

b. The person in (2) assaulted or threatened me. \_\_\_\_\_

**15 ☐ Order About Guns or Other Firearms**

I ask the court to order the person in (2) to be prohibited from owning, possessing, purchasing, or receiving, or attempting to purchase or receive, firearms **and** to sell or turn in any guns or firearms that he or she controls.

The abuse in this case is **not solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

**16 ☐ Other Orders**

What other orders are you asking for? (Describe): \_\_\_\_\_

\_\_\_\_\_

☐ Check here if you need more space. Attach a sheet of paper and write "EA-100, item 16—Other Orders" for a title.

**17 ☐ Temporary Orders**

Do you want the court to make orders right now on matters listed in (12) through (16)? ☐ Yes ☐ No

If yes, explain why: \_\_\_\_\_

\_\_\_\_\_

☐ Check here if you need more space. Attach a sheet of paper and write "EA-100, item 17—Temporary Orders" for a title.

**18 Delivery of Orders to Law Enforcement Agencies**

I request that copies of the court's orders be given by (check one):

☐ The court clerk ☐ Myself ☐ My lawyer to the following law enforcement agencies:

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Check here if there are more law enforcement agencies. Attach a sheet of paper and write "EA-100, item 18—Law Enforcement Agencies" for a title.

**This is not a Court Order.**



Case Number:

Your name: \_\_\_\_\_

**19** ☐ **Request to Shorten Time for Service**

You must have your papers personally served on the person in **(2)** at least 5 days before the hearing, unless the court orders a different time for service. (*Form EA-142-INFO, What Is "Proof of Service"?, explains how to serve (notify) the person in (2). Form EA-140 may be used to show the court that the papers have been served.*) If your papers cannot be served at least 5 days before the hearing and you need more time, explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20** **No Fee to Serve Orders**

If you want the sheriff or marshal to serve the orders on the person in **(2)** for free, ask the court clerk what you need to do.

**21** ☐ **Lawyer's Fees and Court Costs**

I ask the court to order payment of my:

- a. ☐ Lawyer's fees  
b. ☐ Court costs

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

- ☐ Check here if you need more space. Attach a sheet of paper and write "EA-100, item 21—Lawyer's Fees and Court Costs" for a title.

**22** **Additional Relief**

I ask the court for additional relief as may be proper.

**23** Number of pages attached to this form, if any: \_\_\_\_\_

**This Request for Orders to Stop Elder or Dependent Adult Abuse must be personally served on the person in **(2)**. Persons requesting the orders may not serve these papers.**

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name*

► \_\_\_\_\_  
*Lawyer's signature*

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Name of person filing this request*

► \_\_\_\_\_  
*Signature of person filing this request*

**This is not a Court Order.**

**Attachment to Application For  
PETITION FOR PROTECTIVE ORDERS (Elder or Dependent Adult Abuse)**

1. The most recent incident of abuse by the Defendant was \_\_\_\_\_.  
(approximate date)
- Defendant: ☐ hit me on the: ☐ arms ☐ legs ☐ face ☐ head ☐ stomach ☐ back ☐ eye  
☐ kicked me on the \_\_\_\_\_  
☐ pushed and/or shoved me: ☐ into wall ☐ to the floor  
☐ threatened me with a weapon (specify weapon and describe incident): \_\_\_\_\_  
☐ pulled my hair  
☐ strangled me  
☐ left bruises; describe: \_\_\_\_\_  
☐ sexually abused me, describe: \_\_\_\_\_  
☐ City Police/Sheriff was called; ☐ Defendant was arrested  
Was a report taken? ☐ Yes ☐ No Report number: \_\_\_\_\_  
☐ Other injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. The second most recent incident of abuse by the Defendant was \_\_\_\_\_.  
(approximate date)
- Defendant: ☐ hit me on the: ☐ arms ☐ legs ☐ face ☐ head ☐ stomach ☐ back ☐ eye  
☐ kicked me on the \_\_\_\_\_  
☐ pushed and/or shoved me: ☐ into wall ☐ to the floor  
☐ threatened me with a weapon (specify weapon and describe incident): \_\_\_\_\_  
☐ pulled my hair  
☐ strangled me  
☐ left bruises; describe: \_\_\_\_\_  
☐ sexually abused me, describe: \_\_\_\_\_  
☐ City Police/Sheriff was called; ☐ Defendant was arrested  
Was a report taken? ☐ Yes ☐ No Report number: \_\_\_\_\_  
☐ Other injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE INFORMATION ON REVERSE**

3. The third most recent incident of abuse by the Defendant was \_\_\_\_\_.  
(approximate date)
- Defendant: ☐ hit me on the: ☐ arms ☐ legs ☐ face ☐ head ☐ stomach ☐ back ☐ eye  
☐ kicked me on the \_\_\_\_\_.  
☐ pushed and/or shoved me: ☐ into wall ☐ to the floor  
☐ threatened me with a weapon (specify weapon and describe incident): \_\_\_\_\_  
☐ pulled my hair  
☐ strangled me  
☐ left bruises; describe: \_\_\_\_\_.  
☐ sexually abused me, describe: \_\_\_\_\_.  
☐ City Police/Sheriff was called; ☐ Defendant was arrested  
Was a report taken? ☐ Yes ☐ No Report number: \_\_\_\_\_  
☐ Other injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Since the last act of abuse, explain the delay, if any, in seeking this restraining order:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The most recent incident of threats to ☐ kill me; ☐ beat me was on \_\_\_\_\_.  
(approximate date)  
He/She said \_\_\_\_\_  
\_\_\_\_\_

6. Other past incidence of abuse (describe and include dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Defendant ☐ has; ☐ does not have a firearms(s) which is ☐ registered; ☐ unregistered; ☐ do not know.  
The firearm(s) is a: ☐ hand-gun; ☐ rifle; ☐ other (describe) \_\_\_\_\_  
I last saw the firearm(s) on \_\_\_\_\_.  
(approximate date)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(type or print name)

\_\_\_\_\_  
(signature of person to be protected)

Clerk stamps date here when form is filed.

**1** Name of protected person:Address (*Skip this if you have a lawyer. If you want your address to be private, give a mailing address instead*):  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone number (*optional*): \_\_\_\_\_Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**  
\_\_\_\_\_  
\_\_\_\_\_**2** Name of person to be restrained:

Description of that person:

Fill in case number:

**Case Number:**  
\_\_\_\_\_  
\_\_\_\_\_Sex: ☐ M ☐ F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (*if known*): \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address (*if known*): \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3** **Hearing**

There was a hearing:

on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_ ☐ a.m. ☐ p.m. Dept.: \_\_\_\_\_ Rm: \_\_\_\_\_

\_\_\_\_\_ made the orders at the hearing.

(*Name of judicial officer*)

These people were at the hearing:

a. ☐ The person in ①. c. ☐ Lawyer of the person in ① (*name*): \_\_\_\_\_b. ☐ The person in ②. d. ☐ Lawyer of the person in ② (*name*): \_\_\_\_\_**4** **Expiration Date of Order**☐ This Order, except for an award of lawyer's fees, expires at:(*time*): \_\_\_\_\_ ☐ a.m. ☐ p.m. or ☐ midnight on (*date*): \_\_\_\_\_

If no expiration date is written here, this Order expires 3 years from the date of issuance.

☐ This renewal Order remains in effect permanently.**This is a Court Order.**

Your name: \_\_\_\_\_

**5** ☐ **Additional Protected Persons**

In addition to the person named in ①, the following family or household members or conservator of the person are protected by the orders indicated below:

<u>Name</u>	<u>Sex</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

☐ Additional protected persons are listed at the end of this Order as EA-130 Attachment 5.

**Orders Against the Restrained Person**

(Write the name of the person in ②): \_\_\_\_\_

**6** **This Is a Court Order**

To the person in ②: You must obey all the orders indicated below. If you do not obey these orders, you can be arrested and charged with a crime. You may have to go to jail, pay a fine of up to \$1,000, or both.

**7** ☐ **Personal Conduct Orders**

You **must not** do the following things to the person listed in ① and each person listed in ⑤:

- ☐ Physically abuse, financially abuse, intimidate, molest, attack, assault (sexually or otherwise), hit, follow, stalk, threaten, harass, destroy personal property, keep under surveillance, or block movements.
- ☐ Contact (directly or indirectly), telephone, send messages, mail, or e-mail.
- ☐ Take any action to obtain the address or location of the person in ① or of that person's family or caretakers.

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order.

**8** ☐ **Stay-Away Orders**

You **must** stay at least (*specify*): \_\_\_\_\_ yards away from:

- ☐ The person listed in ①
- ☐ The home of the person in ①
- ☐ The job or workplace of the person in ①
- ☐ The vehicle of the person in ①
- ☐ The persons in ⑤
- ☐ Other (*specify*): \_\_\_\_\_

**9** ☐ **Move-Out Order**

You must move out immediately from and not return to (*address*): \_\_\_\_\_

**10** ☐ **No Guns or Other Firearms**

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

**11** ☐ **Turn In or Sell Guns or Firearms**

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control. This must be done within 24 hours of being served with this order.
- File a receipt with the court within 48 hours of receiving this order that proves guns have been turned in or sold. (*You may use Form EA-145, Proof of Firearms Turned In or Sold, for this.*)

**This is a Court Order.**

Case Number:

Your name: \_\_\_\_\_

**12 Financial Abuse**

This case ☐ does **not** ☐ does involve **solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse.

**13** ☐ **Other Orders** (*specify*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ *Additional orders are attached at the end of this Order as Attachment 13.*

**Instructions for the Protected Person**

**To the person in ①** (*Write the name of the person in ①*): \_\_\_\_\_

**14** ☐ **Delivery to Law Enforcement Agency**

If the court issues restraining orders, by the close of business on the date this Order is made, you or your attorney must deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below:

Name of Law Enforcement Agency

Address (City, State, Zip)

_____	_____
_____	_____
_____	_____

☐ *Additional law enforcement agencies are listed at the end of this Order as EA-130 Attachment 14.*

**15 Service**

- a. ☐ The people in ① and ② were at the hearing or agreed in writing to this order. No other proof of service is needed.
- b. ☐ The person in ① was at the hearing. The person in ② was not.
- (1) ☐ Proof of service of Form EA-120, *Notice of Hearing and Temporary Restraining Order*, was presented to the court. The judge's orders in this form are the same as in Form EA-120 except for the end date. The person in ② must be served with this Order. Service may be by mail.
- (2) ☐ Proof of service of Form EA-120, *Notice of Hearing and Temporary Restraining Order*, was presented to the court. The judge's orders in this form are different from the orders in Form EA-120. Someone—but not anyone in ① or ⑤—must personally serve a copy of this Order to the person in ②.

**16 No Fee to Notify (Serve) Restrained Person**

If the sheriff or marshal serves this Order, he or she will do so for free.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judicial Officer*

**This is a Court Order.**



Your name: \_\_\_\_\_

**Warnings and Notices to the Restrained Person in 2****You Cannot Have Guns or Firearms**

If the court orders, you cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with ⑩ above. The court will require proof that you did so. If you do not obey this Order, you can be charged with a crime.

**Instructions for Law Enforcement Agencies**

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an Order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this restraining order are subject to criminal penalties.

*(Clerk will fill out this part.)*

**Clerk's Certificate**

*Clerk's Certificate*  
*[seal]*

I certify that this *Order After Hearing Restraining Elder or Dependent Adult Abuse* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**